

P.01/24

PTO/SB/21 (08-03)

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OCT 06 2005

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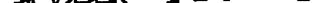
<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>		Application Number <b>09/847,534</b> Filing Date <b>5/1/2001</b> First Named Inventor <b>Lev Novik</b> Group Art Unit <b>2195</b> Examiner Name <b>LEWIS ALEXANDER BULLOCK JR</b> Attorney Docket Number <b>MS1-694US</b>			
Total Number of Pages in This Submission <span style="font-size: 2em; font-weight: bold;">24</span>		<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks					

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Steven R. Sponseller/Reg. No. 39384
Signature	
Date	October 6, 2005

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Cheryl Boles
Signature	
	Date 10-6-05

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PAGE 1/24 \* RCVD AT 10/6/2005 3:56:39 PM [Eastern Daylight Time] \* SVR:USPTO-EFXXRF-6/24 \* DNI:2738300 \* CSID:15093238979 \* DURATION (mm:ss):05-56

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PTO/SB/17 (12-04)

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number  
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# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$ 1020.00)
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**Complete if Known**

Application Number	09/847,534
Filing Date	5/1/2001
First Named Inventor	Lev Novik
Examiner Name	BULLOCK JR, Lewis A
Art Unit	2195
Attorney Docket No.	MS1 -694US

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
 under 37 CFR 1.16 and 1.17

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**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  50  25  
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  200  100  
 Multiple dependent claims  360  180

Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  
 - 20 or HP =  x  50 =   Fee (\$)  Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  \_\_\_\_\_  \_\_\_\_\_

- 3 or HP =  x  200 =   Fee (\$)  Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  
 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	<u>Fees Paid (\$)</u>

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: 3 month extension fee

\$1020.00

SUBMITTED BY			Registration No. (Attorney/Agent)	39384	Telephone (509) 324-9256
Signature					
Name (Print/Type)	Steven R. Sponseller			Date	10-6-05

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